

4642

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1867

BIRTH NO.

3 OF DEATH AND RESIDENCE 1231	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 21 yrs IN ARIZONA 21 yrs <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		2. USUAL RESIDENCE A. STATE Arizona		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) B. COUNTY Mar			
	C. CITY OR TOWN Phoenix				C. CITY OR TOWN Tolleson		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			
1 - 1	D. FULL NAME OF HOSPITAL OR INSTITUTION Maricopa County General Hospital				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 9116 W. Van Buren		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	3. NAME OF DECEASED (TYPE OR PRINT) JOE		A. (FIRST) F.		C. (LAST) BRYANT		4. SEX Male			
CEDENT 3 PERSONAL DATA 781 4 659 491X	6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH Mar DAY 7 YEAR 78		8. AGE (IN YEARS) LAST BIRTHDAY 81		5. COLOR OR RACE White			
	9B. KIND OF BUSI- NESS OR INDUSTRY Fara		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ala.		11. CITIZEN OF WHAT COUNTRY? USA		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Farmer			
DEATH TEAM 18)	14A. FATHER'S NAME Elijah Bryant		14B. BIRTHPLACE (STATE OR COUNTRY) Ala.		15A. MOTHER'S MAIDEN NAME Martha Boatfield		13. SOCIAL SECURITY NO. Unk			
	16. INFORMANT'S SIGNATURE <i>Martin Bryant</i>		ADDRESS 9116 W. Van Buren		17. DATE OF DEATH (MONTH) JUNE (DAY) 12th (YEAR) 1959		15B. BIRTHPLACE (STATE OR COUNTRY) Ga.			
CAUSE OF DEATH (TEAM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <i>Brain hemorrhage</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UN- DERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. INTERVAL BETWEEN ONSET AND DEATH							
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
RATIONS, UTOPSY	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 9th, 1959 TO June 12th, 1959 , THAT I LAST SAW THE DECEASED ALIVE ON June 12th, 1959 , AND THAT DEATH OCCURRED AT 9:45 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
	22A. SIGNATURE <i>R. Herbert Walker</i>				(DEGREE OR TITLE)		22B. ADDRESS 3435 W. Durango, Phoenix, Ariz.		22C. DATE SIGNED 6-15-59	
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)					
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?					
CORNER'S IFICATION	24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED			
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 6-16-59		25C. NAME OF CEMETERY OR CREMATORY Greenwood		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix-Mar-Ariz.			
JNERAL RECTOR AND GISTRAR	26A. DATE REC. BY LOCAL REG. 6/16/59		26B. REGISTRAR'S SIGNATURE <i>Burton J. Hunter</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>Don H. Cannon</i>		27B. ADDRESS Avondale			
	28A. EMBALMER'S SIGNATURE <i>Don H. Cannon</i>		28B. EMBALMER'S CERT. NO. 87							